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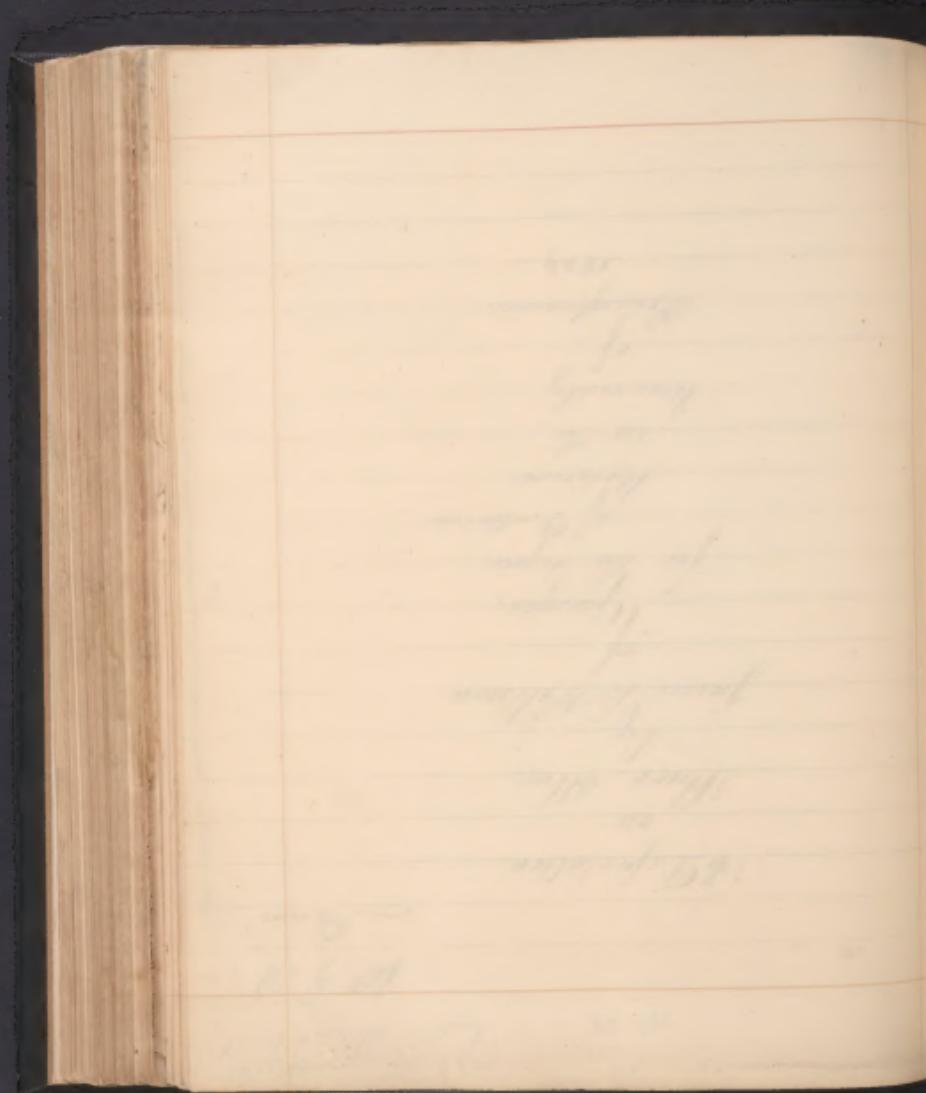
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L. Steining

1824



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A Dissertation  
on the  
*Febris infantum remittens*

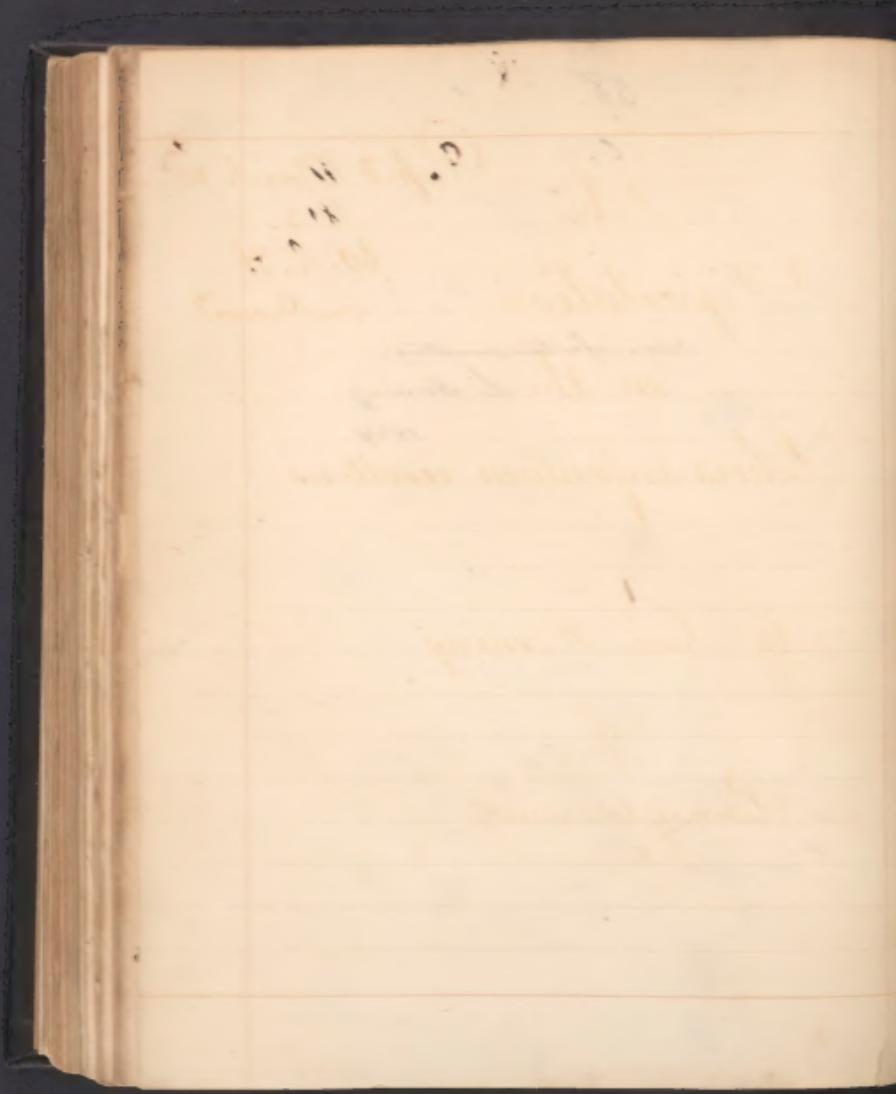
Papered March 10<sup>th</sup>

1814

W. E. H.  
Dean

by Lewis Horning

of  
Pennsylvania.



## Dissertation.

The subject of fever, from the earliest period to the present day more than any other disease to which the human frame is liable, has received the attention of physicians. The species of fever that I have chosen, for the subject of this Dissertation, is what is termed *Febbris infantum remittens*, or the Infantile remittent fever. Which, although of daily occurrence, and frequently fatal in its consequences, has not been sufficiently regarded by physicians. If we except *cynanche trachealis*, *pneumonia* and the diarrhoea attendant upon it, the remittent fever of children is more frequently met with, than perhaps

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B. H. C. A. P.  
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G. G. S. - wildlings  
in common  
as old as  
millions millions and

millions and

millions and

any other disease of infancy or childhood.  
This is a complaint confined to  
children from the age of one year  
to ten or twelve. It makes its advances  
very gradually, manifesting itself by  
irregularity in the bowels, which are  
more frequently too costive, though  
sometimes too much relaxed. It will  
be proper to divide the fever at  
present to be considered, into that  
variety which occurs in early infancy,  
and that which takes place in  
childhood. With regard to the description  
of the first variety it is very similar  
to the early stage of hydrocephalus,  
but the remissions are more distinct  
in the morning, and the paroxysms  
greater in the evening. The pulse is very  
quick in this fever, the skin hot,



the mouth warmer than usual. But  
in the early stage of hydrocephalus  
the pulse is more irregular and often  
beats alternately quick and slow for  
two or three pulsations. The child  
is generally at first fretful, costive  
and inclined to vomit, then he  
becomes more oppressed, and in some  
cases has slight cough, with increased  
secretion of phlegm in the trachea,  
in some cases, he does not for hours  
lift his eyes, till the remission  
comes, when he looks up, and  
attends to the objects presented to  
him for a short time. He sucks  
in general freely, and sometimes bites  
the nipple, and very often aphtha  
appear in the mouth. There is  
irregularity in the bowels, but



whether the stools be frequent or  
seldom they are generally green or brown,  
and offensive. The urine is generally high  
coloured and scanty and sometimes even  
yet sweet a little, and very often  
become cold. If the disease prove fatal  
it is generally attended in the last  
with symptoms of effusion into the  
ventricles of the brain or the infant  
is exhausted gradually by the continuance  
of the crisis or more quickly by the  
accession of obstinate diarrhoea. A  
favourable change takes place, sometimes  
about the fifth day, sometimes later,  
the child looking up for a longer  
space of time than formerly, and  
seeming more free from sickness.  
After this the symptoms subside,  
and the strength is gradually restored.



It is very common to find that at this time  
one or more teeth have made their appearance.  
In many cases, this never proceeds from affection  
of the bowels, but frequently it is caused by  
tentation, the irritation in the jaw operating  
either alone, or in connection with a morbid  
state of the bowels. In this kind of fever,  
the veins should be carefully instructed, and  
if necessary cut. Small doses of calomel  
should be given morning and evening, mixed  
with magnesia, to prevent constipation, or  
to evacuate irritating feces. A few drops of  
tincture of hyoscyamus, with a saline  
julep, may be given occasionally to abate  
irritation. The tepid bath should be  
employed once a day, when the exacerbation  
takes place, and the strength supported  
by the breast milk or hemp tea. If the child  
be a teetotomie, a tooth or two should be



with asthma or the forehead and eyes painful  
a crisis do not soon take place; the head  
ought to be blistered. The remittent fever  
of older children is very generally traceable  
to a derangement of the digestive organs  
as its primary seat and source. It is  
generally found to be produced either  
speedily after eating some improper  
substances which have not been  
immediately removed from the  
stomach or bowels, or gradually by  
the induction of a costive state after the  
accumulation of irritating feces in  
the bowels. When it proceeds from  
eating some improper substance it  
attacks suddenly, sometimes through  
the day, but generally at night, and  
the child is sick, pale, very restless,  
extremely hot, disturbed in the sleep.



are violent sometimes or violent convulsions  
of headache or pain in the nose the  
tongue at this time becomes swollen  
and red so it becomes purple in the  
feet & vomiting or such pain as fully  
prevails they are generally removed  
by leeches which draw off or extract  
after removing either the fever or  
prevail not by a violent state of an  
accumulation of irritating poisons in  
the vessels the attack is more  
gradual the child being for several  
days somewhat feverish and unwell.  
This is generally called venereal & was  
produced by worms infesting the  
biliary canal But it is now known  
since ab Dr. Butler that this species  
of fever is at all occasions produced  
It is contended by him that it proceeds



from crude accumulations in the intestinal  
passages and he recommends for its  
cure purging. In the greater number  
of cases I think he is right, though  
it is evident that he has laid down  
his position too generally and without  
making those exceptions which  
are found sometimes to exist. The  
pulse is frequent, and, in the course  
of the day, he has several attacks  
of feverishness, during which he  
is dull, and disposed to sleep or lie  
down, but these do not last very long,  
and in the interval he seems  
tolerably well, but complains when  
he is not hurt. The appetite is unsteady;  
he has little thirst, and the tongue is  
clean. The bowels are sometimes very  
open, but often bound. These symptoms



appear more or less distinctly for a week  
though sometimes not so long. Then  
an acute paroxysm of fever takes place,  
preceded by shivering and attended  
generally by vomiting. The pulse  
becomes much more frequent sometimes  
140 in a minute. The patient complains  
of very little pain except occasionally in the  
stomach, which may at times be very  
considerable or if he has pain in the  
head it is evidently from the stomach  
for it is succeeded by sickness or  
vomiting. The fever does not continue  
alike severe during the whole day.  
It remits but not at very regular  
hours. The exacerbation which usually  
occurs in the afternoon is generally  
accompanied with drowsiness. After the  
attack of fever the tongue becomes



covered with a white or brown coat and both the stomach and bowels seem to be extremely torrid. The appetite indeed is soon almost lost, or the food which is taken is not digested. The bowels are generally but not always constive and the stools are foetid dark-coloured.

Sometimes like pitch or tallow and olive-coloured, or green and curdy looking, clay coloured, indicating a deficiency of bile. There is a great desire to pick the nose and lips, and if the child be not watched, sometimes an ulcer is thus produced upon the lips or angles of the mouth. Generally delirium occurs in the advanced stage of the disease, and in some cases it is difficult to keep the child in bed. If the debility be considerable, the



countenance becomes vacant, the child picks at the bed clothes, and though he does not speak much, makes a constant inarticulate noise. Convulsions sometimes take place, but these are rare and are chiefly met with in young children. This disease runs on for a week or two or even for several weeks and may at last destroy the patient by debility an event which will take place earlier if the proper remedies are not employed than if they be, even although they may ultimately fail. In general, success attends their use. Infection of the belly with great and constant fever are very unfavourable. In mild but lingering cases the patient is sometimes confined to bed only part of the day, and becomes cheerful in the



afternoon the stools for a day or two  
improve, and then become offensive.  
The appetite returns, but the severe  
emaciation, tumour of the testis,  
and other symptoms may continue  
for several weeks. The resemblance  
of this fever bears to the symptoms  
which denote hydrocephalus  
is particularly striking. I think  
however, that the following  
circumstances will distinguish  
the two complaints from each  
other. In hydrocephalus there  
is a more frequent vomiting, and  
as often a <sup>rubbing</sup> of the hands above  
the head as picking of the nose  
or ears. There is pain of the head  
which is wanting or if it occur  
early, it is in this fever, in



narrows connected with sickness  
or affection of the stomach. There  
is screaming in the sleep, with  
an intolerance of light, and more or  
less of strabismus. But I think it  
may say that in the complaint  
before us, there is hardly ever what  
can be called screaming and there  
is seldom intolerance of light, and  
never strabismus. In the delirium  
of hydrocephalus, the faculties are  
totally destroyed, and the muttering  
ravings of the patient are without ~~sense~~  
or reason, and from this state he  
cannot be roused so as to command  
his attention to any object even for  
the shortest period. But in the  
other species of delirium, the child  
during this state, can at any time



be recalled to his senses which he  
will retain for a few minutes.  
acting and talking constantly.  
There is in general in this fever  
more complete compunction of the symptoms  
at some time of the day than in  
hydrocephalus, the pulse not only  
being slower, but the child more  
lively and easier. The stools are  
more pointed and darker than in  
hydrocephalus, in which they  
are often thin and bilious, and  
sometimes glossy. The pulse in  
hydrocephalus is more irregular,  
and in the second stage, usually  
becomes slow and intermittent. In  
some instances, it is very difficult to  
make the diagnosis, especially if  
we have not attended the child



from the first. Fortunately in all  
ambiguous cases the exact diagnosis  
would be of more consequence in determining  
the prognosis than the treatment.

### Treatment.

It appears that this disease proceeds  
generally from a deranged state of  
the stomach and intestines, which  
very soon is communicated to the  
liver and lacteal system, but  
perhaps still more early affects  
the action of the nervous and  
vascular systems. The treatment  
in this view will consist in employing  
such means as will better act  
on the stomach and bowels, such  
as purgatives and improve the  
nature of the action, allowing



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### Treatment.

It appears that this disease proceeds generally from a deranged state of the stomach and intestines, which very soon is communicated to the liver and lacteal system, but perhaps still more early affects the action of the nervous and vascular systems. The treatment in this view will consist in antidotes such as aperients, blandification of the stomach and bowels such as purgatives, and improve the nature of the action allowing



the morbid into more natural action,  
as mercurials and afterwards tonics  
at the same time. That these  
remedies are directed to the original  
cause, it is necessary to employ other  
remedies as the particular state of  
the nervous and vascular systems  
may require; particularly those  
that operate on sensation and  
secretion as cold, heat, bitters, pectorals  
and narcotics. The first thing therefore  
to be done in the treatment of  
this disease is to cleanse the  
stomach by a few grains  
of ipecacuanha or tartar's antimony  
or aloafe, which is to be followed  
with a purgative. The intestines  
are usually so torpid that what  
would on another occasion be



consider'd a full dose, will have no effect in this complaint. We cannot therefore say what quantity may be necessary to procure stool. Some however very well as if the child can swallow pills, the abecie pills stay well on the stomach and if given in sufficient number, not evillously on the bowels against the purgative, oysters are of great benefit. It is necessary to use some caution respecting the degree of purging, which I think ought never to be carried to a great length as the intention is merely to remove the contents of the bowels, and not to produce any great discharge from their glands. If we do not attend to this



circumstance, the intestines will become  
distended with air, and the patient  
may run the risk of being  
destroyed with every symptom  
of tympanitis. It is requisite however  
to give regularly such doses as  
shall keep the bowels open,  
and sustain their action.  
Purging is a very important  
part of our practice, but not  
the whole of it. By removing  
the cause of fever does not  
always remove the fever itself.  
We should therefore, begin  
using cathartics early, and  
continuing their exhibition  
during the disease, as long as  
these bring away offensive  
stools, and do not increase the



frequency of the pulse or debility  
have recourse in the commencement  
of the fever to the use of the  
sponge with cold water to moderate  
the heat. This is to be repeated  
often or seldom according  
to the benefit it produces.

Afterwards we may introduce  
diaphoretics such as the saline  
jetap with a little antimonial  
wine. Such is the practice during  
the first two or three days of the  
fever. Afterwards we ought to give  
calomel in such doses, as both  
to act on the bowels, and likewise  
to produce an alternative, a slightly  
mercurial effect. It is however  
very difficult to affect children  
in this way, or produce any



underings of the gums. Quinine and  
hyoscyamus frequently allay irritation  
and accelerate recovery, by procuring  
sleep. Anodyne injections are A  
useful in this respect, and  
also for abolting griping and abdominal  
pain. Delirium is sometimes, but  
not always, mitigated by blistering  
the head, but this is always proper  
when there is considerable delirium  
or any pain in the head. Shaving  
the head, and merely washing  
it with vinegar, has also a good  
effect. The diet should be  
light, but it is not proper to  
force the child to eat. In the  
progress of the disease, barks X  
or other tonics are sometimes  
beneficial and ought always to



be tried. In protracted cases it is  
frequently of advantage to intermit  
the use of purgatives and use only  
injections, and at the same time  
begin the use of steel. To X  
cleanliness and ventilation much  
attention should be paid and  
when convalescent if not in  
the country a removal is highly  
beneficial.

In the winter months we are  
inclined to experience discomfort  
from the cold air. We have  
therefore the following remedies:  
1. A warm bed. 2. A hot water bottle  
3. A warm bath. 4. A hot water bottle  
5. A warm bed. 6. A hot water bottle  
7. A warm bed. 8. A hot water bottle  
9. A warm bed. 10. A hot water bottle  
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